



Medicare's Annual Wellness Visits A Gateway to Quality 2019

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Annual Wellness Visits – A Gateway to Quality

Agenda

- Annual Wellness Visit (AWV) Overview
- AWV components
- Deep Dive into AWV criteria
- Effective Workflow and Billing

Learning Objectives

- Maximize the effectiveness of Annual Wellness Visits for patients and staff
- Increase screening services
- Understand coding and billing for Annual Wellness Visits and related services

Annual Wellness Visit

Overview



Back Story

In 2009, Medicare created annual wellness visits (AWVs). Rather than mirror an annual physical exam (CPT code 99397), AWVs were promoted as visits which focused on health assessments and screening services, even though they do contains elements of exam.



The Annual Wellness Visit is intended to keep Medicare beneficiaries healthy, or help Medicare beneficiaries become healthier, by promoting positive health habits and a healthy lifestyle.

~ A Framework for Patient-Centered Health Risk Assessments, CDC 2011



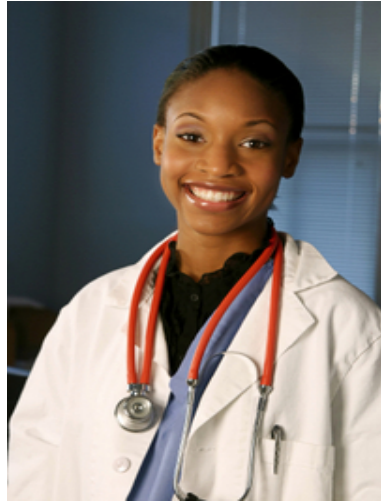
AWV Practice Advantages

Ties in to
Medicare's
Quality
Payment
Program –
Merit-Based
Incentive
Payment
System
MIPS

Address screenings and preventive services:

- Depression screening
- Advanced care planning / End-of-Life Planning
- Cognitive function screening
- Counseling for obesity, smoking cessation, STDs
- Falls Risk Assessment
- Preventive services; mammography, colonoscopy and immunizations

AWV Advantages to Primary Care



Medicare's Wellness Visits

RHC/
FQHC
G0468

IPPE
Initial Preventive
Physical Exam

- Provided within the 1st year of Medicare eligibility

G0402

AWV
Annual Wellness
Visit, **Initial**

- Provided within the 2nd year of Medicare eligibility

G0438

AWV
Annual Wellness
Visit, **subsequent**

- Provided annually thereafter

G0439

What does the IPPE Include?

G0402 (G0468 RHC/FQHC)

- Past, Family & Social History
- Health Risk Assessment
 - Fall Risk Assessment
 - ADL, home safety
- Exam; Height, weight, BMI, BP, **hearing & visual acuity screening**
 - *Other as deemed necessary*
- Depression screening
- Cognitive screening
- Checklist of screenings due
 - **Screening Electrocardiogram (G0403)**
- Review risks, furnish advice / referrals
- End of Life/ Advanced Care Planning

Assign all current diagnoses to the highest specificity.

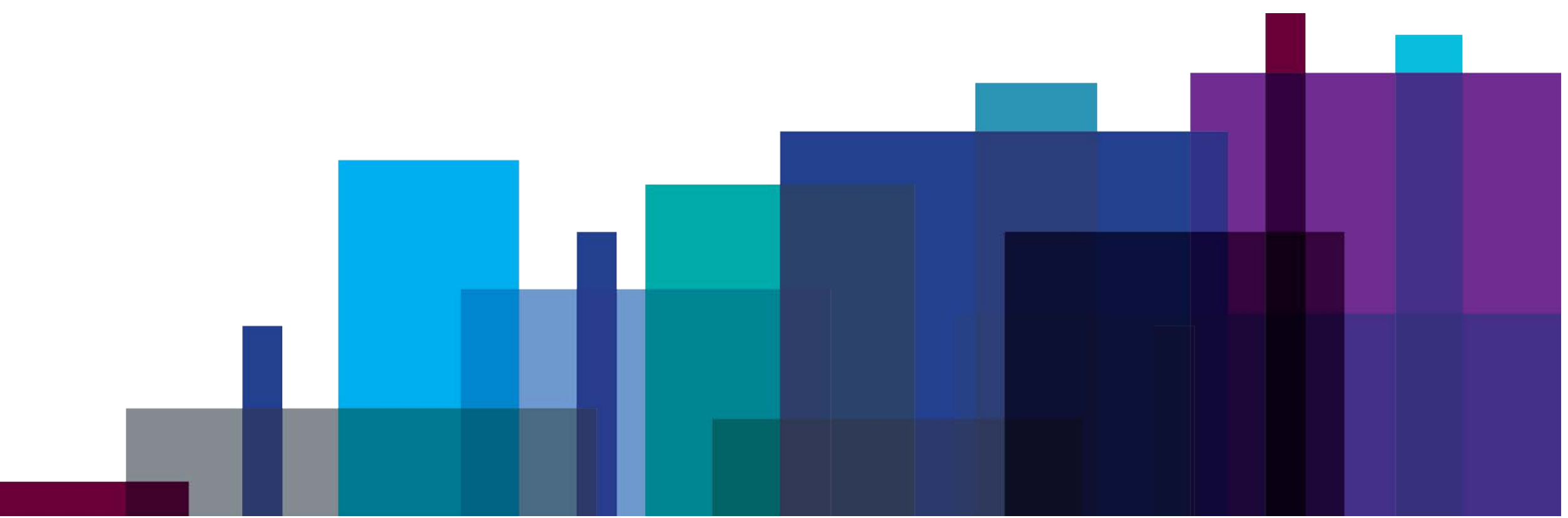
What does the Initial AWW Include? G0438 (G0468 RHC/FQHC)

- Past, Family & Social History
- Health Risk Assessment
 - Fall Risk Assessment
- **List of current providers**
- Exam; Height, weight, BMI, BP
 - *Other as deemed necessary*
- Cognitive screening
- Depression screening
- Create a **5–10 year screening schedule**, per USPSTF
- Create a list of risk factors and interventions
- Furnish advice and/or referrals
- Advanced Care Planning with patient consent

What does the subsequent AWWV Include?

G0439 (G0468 RHC/FQHC)

- **Review and update**
 - Past, family, social history
 - Health risk assessment
 - Current provider list
- Exam; weight, blood pressure and other as deemed necessary
- Screening
 - Cognitive screening
- Update
 - Screening schedule
 - Risk factors & treatment options
- Furnish advice and counseling
- Advanced care planning



Deep Dive into AWWV criteria

Past, Family & Social History

At Minimum

- Medical history
- Family history; hereditary conditions
- Social history
 - Diet/ alcohol or drug use
 - Relationships / occupation
 - Physical activity

Special Focus

- Medicare encourages clinicians to familiarize themselves with Opioid Use Disorders (OUD) and non-opioid pain therapies



CMS Roadmap to Address Opioid Addiction fact Sheet

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

Health Risk Assessment

At Minimum

- Activities of Daily Living (ADL)
- Fall Risk
- Home safety (including elder abuse)
- Physical activity level
- Psychosocial & behavioral risks
- Self-assessment of health

Special Focus

Consider the best ways to communicate with patients who may have:

- limited English proficiency
- health literacy needs
- experiencing or has experienced issues with food insecurity, isolation, transportation, housing, etc.
- disabilities

Coding tip: Assign ICD-10 diagnosis codes for social determinants of health.



Social Determinants of Health ICD-10 Diagnoses – *Examples:*

- Z59 – Problems related to housing and economic circumstances
 - Z59.0 – homelessness
 - Z59.1 – inadequate housing
 - Z59.4 – lack of adequate food and safe drinking water
 - Z59.5 – extreme poverty
 - Z59.6 – low income
 - Z59.7 – insufficient social insurance and welfare support
- Z60 – Problems related to social environment
 - Z60.0 - Problems with adjustment to life-cycle changes (i.e., retirement)
 - Z60.2 - Problems related to living alone
 - Z60.4 - Social exclusion and rejection

Exam

At Minimum

- Height
- Weight
- Body mass Index (BMI)
- Blood Pressure
- Vision & hearing (IPPE)
- Other as deemed necessary by provider

Special Focus

- Consider performing screening exams:
- Pelvic and Breast exam for women
 - Prostate screening for men



Detection Cognitive Impairment

At Minimum

- Direct observations by physician or non-physician practitioner (NPP)
- Concerns raised by patient, and caregivers or family members
- May use a brief cognitive assessment tool as a method for referral

Special Focus

The use of a cognitive screening tool is a screening rather than a diagnostic tool and is not billable as:

- *99483 assessment and care planning for a patient with cognitive impairment*



Depression Screening

At Minimum

- Direct observations by physician or non-physician practitioner (NPP)
- PHQ-9 or other screening tool
- Information by caregivers or family members



Special Focus

Symptoms of depression vary and may include:

- Sadness
- Low motivation
- Lack of energy
- Physical problems (more aches and pains)

Checklist of Screenings Due

At a minimum:

- Screenings due according to the NGS.Connex website
- Age-appropriate screenings based on:
 - Health Risk assessment
 - United States Preventive Services Task Force
 - Advisory Committee on Immunization Practices

Special Focus

Medicare's Preventive Services –
<https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

USPSTF
<https://www.uspreventiveservicestaskforce.org/Page/Name/tools-and-resources-for-better-preventive-care>

Advisory Committee Immunizations
<https://www.cdc.gov/vaccines/acip/index.html>



NGSConnex

Checking Beneficiary Eligibility for AWWs and Screening Services

National Government Services' NGSConnex website lists information on when your Medicare Part B patient is due for preventive screenings.

[https://connex.ngsmedicare.com/home/start.swe?SWECmd=Start&SWEH
o=connex.ngsmedicare.com](https://connex.ngsmedicare.com/home/start.swe?SWECmd=Start&SWEH
o=connex.ngsmedicare.com)

Watch this short video to learn how to navigate this feature on NGSConnex.

<https://youtu.be/5Qz4pNFxKUQ>

***This can be part of
pre-visit planning.***

Preventive Services

Procedure Code	Description	Modifier	Next Eligibility D	Deductible Appli	Co-Insurance Applies
G0121	G0121 - COLO...	TC	11/1/2017	No	No
G0104	G0104 - COLO...	TC	11/1/2017	No	No
G0202	G0202 - SCREE...		2/1/2013	No	No
G0439	G0439 - ANNU...	26	1/1/2011	No	No
G0438	G0438 - ANNU...	26	1/1/2011	No	No
G0101	G0101 - CERYL...	26	10/1/2009	No	No
76706	76706		7/1/2007	No	No
82270	82270 - BLOOD...		1/1/2007	No	No
83718	83718 - LIPOP...		12/1/2006	No	No
84478	84478 - TRIGL...		12/1/2006	No	No

AWV

Next eligibility date

3

Risk Factors and Interventions/ Recommendations

At Minimum

Identify risk factors including:

- Depression
- Substance use disorder
- Cognitive impairment

Identify:

- Treatment options

Coding Tip: Assign all current ICD-10 diagnosis codes and update the problem list.

Special Focus

Furnish Advice and referral:

- Fall Prevention
- Nutrition
- Physical Activity
- Tobacco cessation
- Weight loss
- Cognitive assessment referral

Identify patients who may benefit from Chronic Care Management (CCM) services

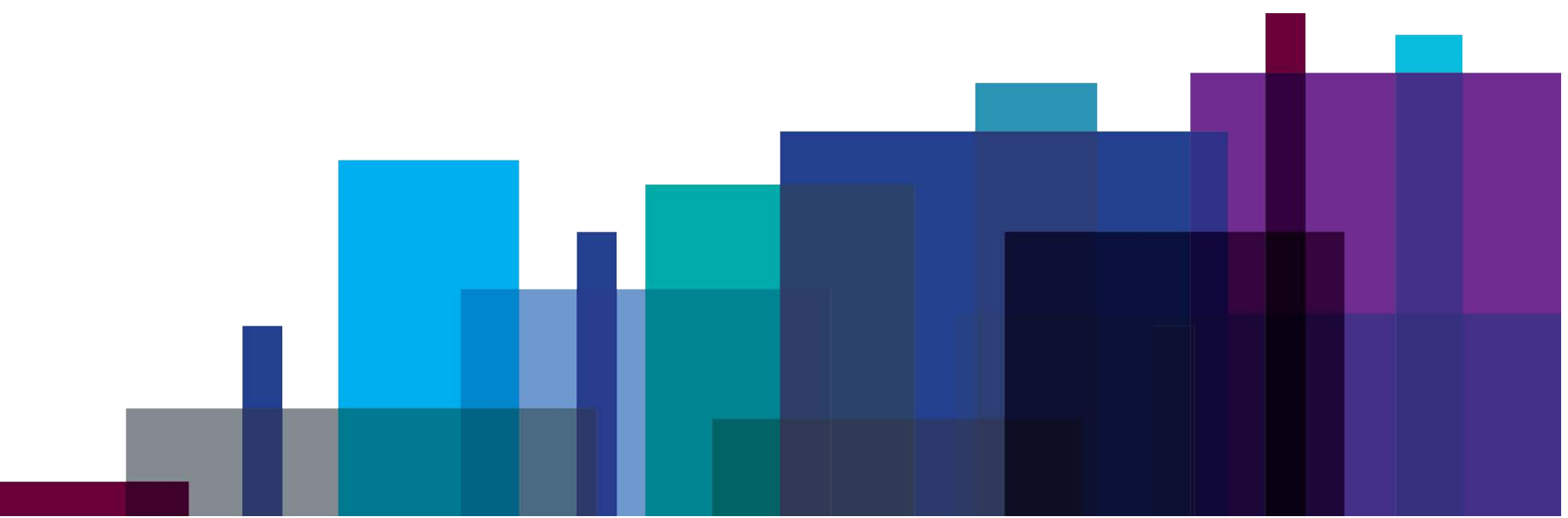
CCM is for patients with 2 or more chronic conditions expected to last more than one year.

Chronic Care Management Toolkit:
<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CCM-Toolkit-Updated-Combined-508.pdf>



Hint

Ties in with PCMH Care Management and Support (CM)



AWV – Effective Workflow & Billing

An effective workflow begins with scheduling & pre-visit planning

- Train patient representatives to schedule Annual Wellness Visit (AWV) rather than a non-covered annual Complete Physical Exam (CPE).
- Send pre-visit packets or schedule pre-visit opportunities to address:
 - Updates in past, family & social health history; medications, providers
 - PHQ-9 depression screening
 - Health Risk Assessments (HRAs); fall risk, Activities of Daily Living (ADLs), home safety, elderly abuse screen, etc



Clinician Roles in AWW ~ ~ Team Work ~ ~

Clinical Staff

- Pre-visit planning
 - Identify and schedule patients
 - Provide an AWW info packet
 - Create the preventive services due, and screening schedule for physicians
- Update history and medication list
- List all other current providers
- Perform screenings (i.e. Mini-Cog, PHQ-9)
- Perform vital signs, hearing & vision
- Provide Advanced Care Planning

Physician / NPPs

- Get to know your patient
- Review data entered by the nurse or care manager
- Order screenings and make referrals
- Furnish advice and counseling
- Review & discuss advanced care planning
- Address acute problems if necessary
- Assign all diagnoses & the create the treatment plan

What's billable?

Wellness Visits & Codes (RHC or FQHC G0468)

- ✓ IPPE (G0402)
- ✓ 1st AWV (G0438)
- ✓ Subsequent AWV (G0439)
- Pelvic & Breast exam (G0101) *add a 25 modifier*
 - Obtaining Pap Smear (Q0091) *add a 25 modifier*
- **IPPE** - Baseline ECG; tracing & report (G0403) *for those without heart disease*
- Digital rectal exam (G0102) *add a 25 modifier*
- Depression screening (G0444) - *included in first two wellness visits then paid separately. Use a tool such as PHQ-9. add modifier 25*
- Advanced Care Planning (99497) 1st 30 minutes – *document time (included in IPPE) then may be scheduled and billed separately, no deductible or co-insurance if part of an AWV (add modifier 33)*
 - each additional 30 minutes (99498)



Advanced Care Planning Overview

- Voluntary ACP is a face-to-face service between a physician (or other qualified health care professional) and a patient discussing advance directives with or without completing relevant legal forms.
- There are no limits on the number of times you can report ACP for a given patient in a given time period. When billing the service multiple times for a given patient, document the change in the patient's health status and/or wishes regarding their end-of-life care.
- May be furnished separately or with an Annual Wellness Visit.
- No specific diagnosis is required; chronic conditions or well exam diagnosis

Advanced Care Planning Coding & Documentation

CPT Codes	Billing Code Descriptors
99497 16 to 45 minutes	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498 46 to 75 minutes	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Document content of conversation around ACP;
mention any documents discussed
or given and the time spent.

What about presenting problems?

Medicare encourages you to do what is right for your patient. If an acute / chronic condition is addressed:

- ✓ provide an office visit (99212 – 99214) *add a 25 modifier*
- Document the components of the E&M visit; history of present illness (HPI), review of systems (ROS), exam and diagnosis/ medical decision-making.



AWV Billing in the FQHC

- **G0468 – FQHC visit, IPPE or AWV**
- **IPPE and AWV Adjustment:** The PPS payment rate will be adjusted by a factor of 1.3416 when a FQHC furnishes an IPPE or an Annual Wellness Visit (AWV) to a Medicare beneficiary. A FQHC that furnishes an IPPE or AWV would include all medical services in G0468.
- FQHCs would not bill G0466 or G0467 on the same day, unless there was a subsequent illness or injury that would qualify for additional payment, which the FQHC would attest to by submitting the claim with modifier 59.

Provider documentation is necessary for the addition of G0466 or G0467.

Does the reimbursement cover the work of a Wellness Visit?

G0402 IPPE \$176

G0438 1st AWW \$180

G0439 Subsequent AWW \$123

Approximate Rhode Island PFS 2019; reimbursement depends on your region and facility status

<https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

Being compensated for wellness visits and adjunct services along with satisfying quality measures is a *Win/Win*

Allow yourself the courtesy of enough time in the schedule to meet your patient's needs.



Patient Feedback

Patient Feedback

Yes, I have had a wellness visit. I go every year for routine wellness assessment where my doctor does the usual height, weight, blood pressure, pulse, and medication review. He checks my heart, lungs, skin for lesions, pulse in neck, eyes, ears, throat. He asks about my vaccination status and makes recommendations.

I am always shocked that there is no copay for my wellness visit. My doctor orders my routine annual blood work, and mammogram (...every 2 years).

~Kathy, PFAC member



Resources

Medicare Preventive Services Guide 2019

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

AWV Chart 2018

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf

IPPE Educational Tool 2018

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS_QRI_IPPE001a.pdf

Opioid Roadmap

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

Chronic Care Management Tool Kit

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CCM-Toolkit-Updated-Combined-508.pdf>

Quality Payment Program Website

<https://qpp.cms.gov>

One practice's experience with Annual Wellness Visit implementation.

Claire Haynes, BSN, RN

Thundermist Health



First Steps

- Review Annual Wellness Visit requirements
- Seek provider buy-in
- Develop an Annual Wellness Visit Workflow (RN role vs Provider role)
 - Develop a pre-visit questionnaire & cover letter
 - Determine which materials to include in the pre-visit packet
 - Or schedule other pre-visit planning opportunities
- EMR – create visit template for RN and provider documentation
- Determine screening exams to be used and who will perform
- Schedule patients – provide MWV education to patients, family, and caregivers

The Visit

- RN documents updates in EMR prior to visit
- RN will add notes to Chief Complaint
- RN reviews pre-visit planning questionnaire with patient and updates Medicare Wellness Visit (MWV) template
- RN performs appropriate assessments
- RN documents in Preventative Wellness Plan
 - Preventative services
 - Immunizations
 - Provider reviews plan: risk factors, advice/recommendations, handouts and follow-up

Your turn – Questions?





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